

additional support needs

**DISABILITY DISCRIMINATION
CLAIM FORM FOR YOUNG
PEOPLE (FROM AGE 16)**



Introduction

This form is available in larger font and in other languages.

If you require any information regarding the completion of this form please call us on **0141 302 5860**.

The Additional Support Needs part of the Health and Education Chamber of the First-tier Tribunal for Scotland can consider and decide claims of disability discrimination relating to pupils in school education in Scotland under the terms of the Equality Act 2010, Schedule 17, Part 3. It can consider appeals (claims) made by the parent or the person, where they have the capacity to make the claim, against the responsible body that has discriminated against the person because of a disability.

Schools must not treat disabled pupils less favorably because of their disability. Discrimination can also occur when a disabled pupil is placed at substantial disadvantage because reasonable adjustments have not been made to account for their disability.

A disability discrimination claim may be made in the following circumstances. It is unlawful for a school to discriminate against a disabled applicant or pupil in relation to:

- admissions
- the provision of education
- access to any benefit, facility or service (this and provision of education covers all aspects of school life and the teaching of disabled pupils)
- exclusions
- any other detriment

The procedures are governed by The First-tier Tribunal for Scotland Health and Education Chamber Rules of Procedure 2018 ('the 2018 Rules') (schedule to SSI 2017/366)

If you require any information regarding the completion of this form please call us on 0141 302 5860.

If you are a child aged between 12 and 15 years, you can complete your own form, which you can access here:

<https://www.healthandeducationchamber.scot/needstolearn/make-claim>

PLEASE ENCLOSE ANY DOCUMENTS YOU THINK WOULD HELP THE TRIBUNAL UNDERSTAND YOUR CLAIM.

To help you:

- There is an information note on our website at <https://www.healthandeducationchamber.scot/additional-support-needs/publications/information-notes>
- If you don't have access to the internet, call us on **0141 302 5860** and a copy of the information notes can be sent to you.

When you have completed the form please send to:

**Additional Support Needs
Health and Education Chamber
First-tier Tribunal for Scotland
Glasgow Tribunals Centre
20 York Street
Glasgow
G2 8GT**

Please do not delay, as a claim should be received within **6 months** of the alleged discrimination.

Section 1 – Contact details

This is a notice of a disability discrimination claim by a young person to the Tribunal under the terms of the Equality Act 2010, Schedule 17, Part 3.

Your contact details:

Full name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Male/Female	<input type="text"/>
Address:	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Fax:	<input type="text"/>		

Your Parent/Carer/Guardian's contact details:

You don't have to tell us this, but it helps us, if your parent/carer/guardian decides to come to the hearing.

Full name:	<input type="text"/>		
Relationship to you:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode:	<input type="text"/>		
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		
Fax:	<input type="text"/>		

If your claim concerns a school or education setting, please give details of the school or education setting concerned

School/Education authority

Address:

Postcode

Telephone

Email

Other details about you and your claim

Are you looked after by a local authority (within the meaning of section 17(6) of the Children (Scotland) Act 1995)?

Yes No

Have you used a mediation service to try to resolve the issue you are making this claim about?

Yes No

Has there already been a claim to this Tribunal or to the Additional Support Needs Tribunal for Scotland about you?

Yes No

If yes, please provide the claim number (if known)

Section 2 – Description of disability

Please state:

(a) any diagnosis, if available

(b) the approximate date of the start of the condition(s) if not present from birth

(c) describe the disability or disabilities

(d) any medication or treatment regime

(e) how it affects the ability to carry out normal day-to-day activities

(f) any variability in the condition

You may find it helpful to submit any medical evidence which you have available with this form if this helps to indicate the extent of the disability.

If there is a co-ordinated support plan (CSP), you should also include a copy of the latest version of the plan.

If we require further information on this disability, we may issue a supplementary form for you to complete.

Section 3 – Communication and other support needs

We will do our best to meet any communication or support needs you may have; there will be no cost to you.

For instance, if you need our correspondence translated or in a larger font; or if you need a signer or interpreter please let us know.

Section 4 – Representation

Representative (if applicable)

You have the right to have someone act as your representative when you make a claim. It could be someone who is experienced in representing at Tribunals or who is legally qualified.

If you name a representative, you should be aware that all of our letters and correspondence will normally be sent only to them.

If you send your claim without naming a representative but later change your mind, a representative can be added at any time before the hearing but you must write and confirm. Also, if you change your representative, you must write to us with the details as soon as possible.

Supporter

In addition to a representative you are entitled to have someone attend any hearing to support you. This could be someone from a support group or a friend who knows about your claim. Any supporter will not be able to take any active part in the hearing.

Enquire, the Scottish advice service for additional support for learning, can provide details of support and advocacy groups in your area.

You can contact them on: 0345 123 2303 or www.enquire.org.uk

Representative's details

Mr/Mrs/Miss/Ms/Other:

Full name:

Company or Organisation:

Profession

Legal

Non-Legal

Address:

Postcode:

Telephone: Mobile:

Email:

Fax:

Independent Advocate

If you have an independent advocate please provide details:

Mr/Mrs/Miss/Ms/Other:

Full name:

Company or Organisation:

Profession

Address:

Postcode:

Telephone: Mobile:

Email:

Fax:

Section 5 – Your claim

What are you claiming against?

Please tick the boxes that apply.

- Admission to school.
- Exclusion from school.
- Another issue to do with education.

When did the alleged discrimination take place?

Please give the date or dates. If the conduct took place between given dates then specify. If you are unsure of the exact date(s) then indicate that they are approximate. If the conduct or failure is ongoing then please indicate the whole period concerned.

How did the alleged discrimination take place?

Please describe:

(a) what happened

(b) the location

(c) why you consider the conduct to be wrong

(d) please give the names of the person(s) involved

(e) in what way was the disability the reason for the alleged discrimination.

If you have received letters from the school or education authority which relate to the matter you are claiming about, you should send copies of these with this form as well as any other relevant information.

Please give as much detail as you can.

Please continue on a separate sheet of paper if necessary.

If your claim is time critical such as an exclusion or if it affects an event that has not yet happened e.g. a school trip, that is in the future, please let us know if you would like to request a shorter case statement period and provide any relevant information as to why the claim should be dealt with as an emergency.

Section 6 – Putting things right

The Tribunal has no power to award money as compensation for any discrimination that may have taken place. If the Tribunal decides the claim in your favour, what result are you seeking?

Some remedies that the Tribunal may order include:

- A statement that discrimination has occurred;
- A written apology;
- Training to be provided to school staff;
- Policies to be developed;
- Re-instatement in the school;
- You may also indicate any other remedy not stated above.

Please note that whatever you request, the Tribunal may decide that there is a more appropriate remedy and may direct that this be awarded as well or instead.

Section 7 – Additional Support Needs References

The Tribunal also deals with appeals against decisions made by education authorities about children's and young people's additional support needs.

If you have made or are making a reference on additional support needs, would you like the Tribunal to hear this claim at the same time as your reference (if it is considered appropriate to do so)?

Yes

No

Date you sent your reference in:

Reference number:

(if you have already been given one)

Section 8 – Sending us your claim

Declaration

I declare that the information provided in this form is correct.

I give my permission to send correspondence by fax/ email: **Yes** **No**

Please note, for Data Protection purposes any case sensitive information can only be released to a secure email address. If you or your representative do not have a secure email address then all case sensitive information will be sent by post.

Signature:

Print Name:

Date:

Once you have filled in the claim form, make sure that you have signed it if it is not being submitted by email.

Then, please send the form and all other relevant documents to us at:

**Additional Support Needs
Health and Education Chamber
First- tier Tribunal for Scotland
Glasgow Tribunals Centre
20 York Street
Glasgow
G2 8GT**

This claim form can also be submitted by email

ASNTribunal@scotcourtribunals.gov.uk

At the same time you are also required to send a copy of your claim to:

Equality and Human Rights Commission
1st Floor, 100 Bothwell Street
Glasgow
G2 7DA

By email to: LegalRequestScotland@equalityhumanrights.com

You must send your claim to us within **six months** of the alleged discrimination taking place.

What Happens Next?

We will check your claim form to see if the Tribunal can deal with the matters you have raised. If we need further information, we will contact you.

When we are sure that we can proceed, we will register your claim. We will then send you guidance about preparing your case statement. We will copy your claim to the Responsible Body when it is registered and also your case statement so they can respond. There is an information note on making a disability discrimination claim on the Health and Education Chamber website.

You are given 20 working days (4 weeks) to prepare a case statement. The responsible body has a further 10 working days to produce their response to this. You might think you have submitted enough information in your claim. You do not need to prepare a case statement but you may need further time to consider if there is any other information which might assist the Tribunal to understand your child and their needs.

If you want your case to proceed as quickly as possible or think you may need more time you may ask for these time periods to be changed.

A tribunal will comprise of three people – one will be a legal member who is an experienced lawyer and the other two are specialist members, with expertise in education, social work or health. Occasionally a tribunal will be made up of one legal member, sitting alone. The hearing will normally be held close to your home.

We will send you more information at the end of the case statement period. All hearings are allocated at least a full day. More complex hearings may be allocated more time.

For further information:

- www.healthandeducationchamber.scot
- **0141 302 5860**

Ethnic Monitoring

In order to help us to monitor diversity, please tick one of the boxes. You do not have to provide this information if you do not want to.

We use strict data management procedures and will keep your information secure. We are registered under the Data Protection Act.

This page will be detached from your claim and destroyed. The statistical data we gather from this sheet is kept in a separate electronic file from the claims themselves

Your ethnic origin is:

White:

Scottish

Other

British Irish

Any other white background Please specify:

Mixed:

Any other mixed background Please specify:

Asian, Asian Scottish or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background Please specify:

Black, Black Scottish or Black British:

Caribbean

African

Any other black background Please specify:

Other ethnic background:

Any other background Please specify: